MAXIMUS Federal Services

Case Number:	CM14-0093152		
Date Assigned:	07/25/2014	Date of Injury:	09/08/2011
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68-year-old male who reported an injury on 09/08/2011. The mechanism of injury was not provided with the documentation submitted for review. His diagnosis was noted to be chronic neck pain. He was noted to have prior treatment of medication therapy. The injured worker had a clinical evaluation with subjective complaints of low back pain, pins and needles sensation and he rated his pain a 7/10 on the pain scale. He indicated he was very active and rode a bicycle on a regular basis. The objective findings revealed mildly antalgic gait. Range of motion was noted not to be painful. Sensation of the lower extremities was intact with no focalized deficits. The treatment plan included home exercise program and continuation of medications Norco, Flexeril, and Lidopro cream as directed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidopro topical ointment 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Lidopro contains lidocaine. The guidelines state topical lidocaine, in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulation of lidocaine, whether creams, lotions or gels are indicated for neuropathic pain. The documentation supported for review does not indicate a failed trial of antidepressants or anticonvulsants. In addition, the medication Lidopro contains a form of lidocaine that is not FDA approved or recommended by the guidelines. In addition, the provider's request fails to indicate a dosage and a frequency as well as application site. Therefore, the request for Lidopro topical ointment 4 oz is not medically necessary.

Hydrocodone 10/325 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potenially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The provider's request fails to indicate an adequate pain assessment. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to an inadequate pain assessment, the provider's request fails to indicate a frequency of dosage. As such, the request for hydrocodone 10/325 mg quantity 120 is not medically necessary.

Flexeril, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines address Flexeril as antispasmodic used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions rather spasm is present or not. Flexeril is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. This medication can be dosed 5 mg 3 times a day and even increased to 10 mg 3 times a day. It is not recommended to be used for longer than 2 to 3 weeks. The provider's request fails to indicate a dose. The quantity suggests a treatment period of longer than 2 to 3 weeks. The request failed to indicate a dosage frequency. As such, the request for Flexeril quantity 60 is not medically necessary.